

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

04-05-MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

04-01-04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.166      42 CFR 441.22

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0  
b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A: page 8a  
Supplement 2 to Attachment 3.1A: pgs. 7&8  
Addendum to Attachment 3.1A: pgs. 6(d)&23  
Attachment 3.1-B: pgs. 7a, 7b & 7c  
Addendum to Attachment 3.1B: pgs. 6(d)&21  
Attachment 4.19B: pages 1 and 5a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Change in Title of "Certified Nurse Practitioner/ Clinical Nurse Specialist"  
to "Advanced Practice Nurse."

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not required  
pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James M. Davy

14. TITLE:

Commissioner, Dept. of Human Svcs.

15. DATE SUBMITTED:

16. RETURN TO:

New Jersey (04-05 MA)  
Approved: 06/28/04  
Effective: 04/01/04

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: JUN 28 2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

**OFFICIAL**

Attachment 3.1-A  
Page 8a  
OMB No.: 0938-

State/Territory: New Jersey

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

23. Pediatric or family advanced practice nurse services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment

04-05-MA (NJ)

Supersedes 95-23-MA (NJ)

HCFA ID: 7996 E

TN 04-05 Approval Date JUN 28 2004

Effective Date APR 01 2004

**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Optional services provided through the New Jersey Managed Care program**

18. The MCO may include physician specialists as primary care providers for SSI recipients. A limit on the number of recipients which can be managed by a physician in a plan will be in effect. The State uses geographical access software to evaluate the MCO networks. The geographical access software looks at the distribution of Medicaid beneficiaries in relation to Plan providers. Through the use of this software, the State can map the exact location of Medicaid beneficiaries and providers. The mapping will indicate whether the MCO networks meet the distance and ratio requirements of the contract. The State uses a ratio of 1 FTE Primary Care Physician (PCP) per 1500 members per MCO and 1 FTE PCP per 2000 members, cumulative across Plans.
- a. Conditions for Granting Exceptions to the 1:1500 Ratio Limit for Primary Care Physicians
1. A physician must demonstrate increased office hours and must maintain (and be present for) a minimum of 20 hours per week in each office.
  2. In private practice settings where a physician employs or directly works with advanced practice nurses who can provide patient care within the scope of their practices, the capacity may be increased to 1 PCP FTE to 2500 enrollees. The PCP must be immediately available for consultation, supervision or to take over treatment as needed. Under no circumstances will a PCP relinquish or be relieved of direct responsibility for all aspects of care of the patients enrolled with the PCP.
  3. In private practice settings where a primary care physician employs or is assisted by other licensed physicians, the capacity may be increased to 1 PCP FTE to 2500 enrollees.

**04-05-MA (NJ)**

Supersedes 97-20-MA (NJ)

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**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**Optional services provided through the New Jersey Managed Care program**

4. In clinic practice settings where a PCP provides direct personal supervision of medical residents with a New Jersey license to practice medicine in good standing with State Board of Medical Examiners, the capacity may be increased with the following ratios: 1 PCP to 1500 enrollees; 1 licensed medical resident per 1000 enrollees. The PCP must be immediately available for consultation, supervision or to take over treatment as needed. Under no circumstances will a PCP relinquish or be relieved of direct responsibility for all aspects of care of the patients enrolled with the PCP.
5. Each provider (physician or advanced practice nurse) must provide a minimum of 15 minutes of patient care per patient encounter and be able to provide four visits per year per enrollee.
6. Must submit for prior approval by DMAHS a detailed description of the PCP's delivery system to accommodate an increased patient load, work flow, professional relationships, work schedules, coverage arrangements, 24 hour access system.
7. Must provide information on total patient load across all HMOs, private patients, Medicaid fee-for-service patients, other.
8. Must adhere to the access standards required in the HMO contract with the Department.
9. There will be no substantiated complaints or demonstrated evidence of access barriers due to an increased patient load.
10. The Department will make the final decision on the appropriateness of increasing the ratio limits and what the limit will be.

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Supersedes 97-20-MA (NJ)

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**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy**

**6(d) Other Practitioners' Services:**

**Psychologists' Services:**

Psychological services are provided. Prior authorization is required for services by a private practitioner exceeding total payment of \$900 in any 12-month period.

After an initial visit, prior authorization is required for psychological services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities, exceeding total payments of \$400 in a 12-month period.

Services provided by a psychologist are covered and are limited to one procedure per day, exclusive of psychological testing.

**Advanced Practice Nurse Services:**

Services by advanced practice nurses are provided. When limitations are imposed upon the providing of specific services by physician providers, those same limitations exist for advanced practice nurses as for the other providers.

Consultations are not reimbursable.

04-05-MA (NJ)

Supersedes 95-23-MA (NJ)

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**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy**

**23. Pediatric or Family Advanced Practice Nurse Services:**

Practitioners will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Approved injectable or inhalation drugs administered by an advanced practice nurse working within her/his scope of practice require no prior authorization. Other injectables are not covered as a physician/advanced practice nurse service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) Post exposure prophylaxis\*; or
- (3) Selected high-risk groups\*

\* Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Consultations are not reimbursable.

**04-05-MA (NJ)**

Supersedes 95-23-MA (NJ)

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State/Territory: New Jersey

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Pregnant Women**

**OFFICIAL**

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a) (19) or section 1915(g) of the Act).
- ☒ Provided: ☒ With limitations\*
- ☐ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- ☐ Provided: ☐ With limitations\*
- ☒ Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
- ☒ Provided+: ☒ Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- ☒ Provided+: ☒ Additional coverage++ ☐ Not provided.
21. Certified pediatric or family advanced practice nurse services.
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- ☐ Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

04-05-MA (NJ)

Supersedes 95-23-MA (NJ)

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State/Territory: New Jersey

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Dependent Children**

**OFFICIAL**

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- ☒ Provided: ☒ With limitations\*  
☐ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- ☐ Provided: ☐ With limitations\*  
☒ Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
- ☒ Provided+: ☒ Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- ☒ Provided+: ☒ Additional coverage++ ☐ Not provided.
21. Certified pediatric or family advanced practice nurse services.
- ☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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State/Territory: New Jersey**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): Aged, Blind and Disabled****OFFICIAL**

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- ☒ Provided: ☒ With limitations\*
- ☐ Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.
- ☐ Provided: ☐ With limitations\*
- ☒ Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
- ☒ Provided+: ☒ Additional coverage++
- b. Services for any other medical conditions that may complicate pregnancy.
- ☒ Provided+: ☒ Additional coverage++ Not provided.
21. Certified pediatric or family advanced practice nurse services.
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- ☐ Not provided.
- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

04-05-MA (NJ)

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**OFFICIAL**

Addendum to  
Attachment 3.1-B  
Page 6(d)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to Medically Needy Groups  
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND OR DISABLED**

**6(d) Other Practitioners' Services**

Other practitioners' services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled)

**Psychologists Services**

Psychological services are provided. Prior authorization is required for services by a private practitioner exceeding total payment of \$900 in any 12-month period.

After an initial visit, prior authorization is required for psychological services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential healthcare facilities, exceeding total payments of \$400 in a 12-month period.

Services provided by a psychologist are covered and limited to one procedure per day, exclusive of psychological testing.

**Advanced Practice Nurse Services:**

Services by advanced practice nurses are provided. When limitations are imposed upon the providing of specific services by physician providers, those same limitations exist for advanced practice nurses as for the other providers.

Consultations are not reimbursable.

**04-05-MA (NJ)**

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**Limitations on Amount, Duration and Scope of Services**  
**Provided to Medically Needy Groups**  
**PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND OR DISABLED**

21. Pediatric and Family Advanced Practice Nurse Services:

Practitioners will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Approved injectable or inhalation drugs administered by an advanced practice nurse working within her/his scope of practice require no prior authorization. Other injectables are not covered as a physician/advanced practice nurse service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) Post exposure prophylaxis\*; or
- (3) Selected high-risk groups\*

\* Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Consultations are not reimbursable.

Practitioner services are provided for all three coverage groups (pregnant women, children and the aged, blind and disabled).

**04-05-MA (NJ)**

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES

The reimbursement methodologies for the following services are contained in this attachment.

<u>Services</u>	<u>Page</u>
Outpatient Hospital Services	2
Laboratory Services	3
Physician Services	4
Podiatrist Services	5
Chiropractic Services	5
Psychological Services	5
Advanced Practice Nurse Services	5a
Home Health Services	6
Durable Medical Equipment	7,8
Independent Clinic Services	9
Pharmacy Services	10
Prosthetic and Orthotic Services	11
Vision Care Services	12
Hearing Aids	13
Transportation Services	14
Personal Care Services	15
Nurse Midwifery Services	16
Residential Treatment Centers	17
Hospice Services	17a
Health Maintenance Organizations	18
Other Services	19
Blank page	20
Case Management Services	21
EPSDT - School-Based Rehabilitation Services	22
Other Rehabilitation Services	23
Mental Health Rehabilitation Services	24

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Supersedes 00-06-MA (NJ)

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**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Reimbursement for Services**

**ADVANCED PRACTICE NURSE SERVICES**

Reimbursement for covered services shall be on the basis of the customary charge not to exceed an allowance determined reasonable by the Commissioner, Department of Human Services, and further limited by federal policy relative to advanced practice nurses. In no event shall the payment exceed the charge by the provider for identical services to other governmental agencies, or other groups or individuals in the community.

Reimbursement to HealthStart pediatric providers will be on a fee-for-service basis utilizing HCPCS codes developed for HealthStart.

Advanced practice nurses practicing in hospital outpatient departments may bill fee-for-service if they are unbundled, i.e., allowed to bill independently for professional services.

Reimbursement for immunization services will be based on the formula of Average Wholesale Price (AWP) of the pharmaceutical plus 15 percent, plus \$2.00 for the practitioner's cost of dispensing the immunization.

Reimbursement of approved Level III HCPCS codes for injectable and inhalation drugs shall be based on the Average Wholesale Price (AWP) of a single dose of an injectable or inhalation drug or the practitioner's acquisition cost, whichever is less, when the drug is administered in a practitioner's office. The Title XIX maximum fee allowance for these drugs will be adjusted periodically by the program to accommodate changes in the market cost.

Payment for Part B co-insurance and deductible shall be paid only up to the Title XIX maximum allowable (less any other third party payments).

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